

STATE LICENSING BOARD
of
PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR LICENSE

Instructions

A separate application must be completed and submitted with the applicable fees for each of the license categories outlined below. ONLY the license category checked on the application will be considered. Application for additional categories must be made on separate forms and the applicable fees must be attached. A license will not be issued to an individual whose license, certification or registration has been revoked or suspended in this or any other state. Such an individual may not be licensed unless the period of revocation or suspension has been completed and the board has conducted a competency review and determined that an acceptable degree of rehabilitation has been accomplished.

The requirements noted below are for general information only. Please review the applicable laws and rules for the complete licensure requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Failure to provide a complete application will result in its return to you.

NOTE: ANY PRACTICE OF OR SOLICITATION FOR COUNSELING OR MARRIAGE & FAMILY THERAPY IN IDAHO PRIOR TO OBTAINING A VALID LICENSE OR CERTIFICATE, UNLESS SPECIFICALLY EXEMPT, IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (§54-3400 & §54-3408, I.C.)

COUNSELOR APPLICANTS: Licensure as a counselor is restricted to persons of good moral character who have successfully completed each of the following requirements:

- (1) A planned graduate program of 60 semester hours which is primarily counseling in nature, with a minimum of 6 semester hours in an advanced counseling practicum, and a graduate degree in a counseling field from an accredited university or college offering a graduate program in counseling.
- (2) The National Counselor Examination.
- (3) One thousand (1,000) hours of supervised experience in counseling acceptable to the board.

CLINICAL COUNSELOR APPLICANTS: The following requirements must be met for a clinical professional counselor licensure:

- (1) Hold a current Idaho professional counselor license.
- (2) Document 2,000 hours of direct client contact experience under supervision accumulated in no less than a two (2) year period after licensure. Verification must be provided of having at least 1,000 hours of supervised experience under the supervision of a licensed Clinical Professional Counselor. The remainder of the supervision may be provided by licensed Psychiatrists, Counseling/Clinical Psychologists, Clinical Social Workers, or Marriage and Family Therapists. The ratio for supervision must be 1 hour of face-to-face, one-on-one supervision for every 30 hours of direct client contact.
- (3) Document proficiency in Diagnostic Evaluation by providing verification of successful completion of graduate course or other training/experience equivalent to a college course acceptable to the board.

MARRIAGE AND FAMILY THERAPY APPLICANTS: Licensure as a "licensed marriage and family therapist" shall be restricted to persons who have successfully completed each of the following requirements:

- (1) A graduate degree consisting of at least 60 semester hours or 90 quarter credits in marriage and family therapy from a program accredited by the commission on accreditation for marriage and family therapy education, or a marriage and family counseling or therapy program which is accredited by the council for accreditation of counseling and related educational programs, or a graduate degree from a regionally accredited educational institution and an equivalent course of study as approved by the board. The course of study for any graduate degree shall include a minimum of 39 semester credits (see section 54-3405C, Idaho Code).

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(2) Completion of a 1 year practicum of supervised marriage and family therapy experience, consisting of a minimum of 300 direct client contact hours, of which 150 hours shall be with couples or families, as part of the graduate program.

(3) Supervised experience in marriage and family therapy of 3,000 hours, including a minimum of 200 hours of postgraduate supervision, acceptable to the board as defined by rule. Supervision may be provided by a clinical member of the American association for marriage and family therapy, by a licensed marriage and family therapist, or another qualified licensed professional who has a minimum of 5 years experience providing marriage and family therapy, including: a licensed clinical professional counselor; psychologist; clinical social worker; or psychiatrist.

(4) Successful completion of a written examination as approved by the board.

PASTORAL COUNSELOR APPLICANTS: Licensure as a pastoral counselor shall be restricted to persons of good moral character who have successfully completed the following requirements:

(1) Holds a master of divinity (M.Div.) degree or doctoral degree with a major in pastoral counseling from an accredited university or religious institution with a requirement of 60 semester credit hours of counseling related courses in a minimum of 8 of the 11) areas of study specified by the American Association of Pastoral Counselors (see section 54-3405A, Idaho Code).

(2) Completion of a practicum of supervised counseling experience of 400 contact hours, supervised at a ratio of 1 hour of supervision for each 10 contact hours.

(3) Completion of 2,000 contact hours of postgraduate supervised counseling experience, with an approved supervisor. Approved supervisors include an American association of pastoral counselors approved supervisor, a licensed pastoral counselor, a licensed psychiatrist, a licensed psychologist, or a licensed professional counselor. The ratio of supervision to contact hours shall be 1 to 20.

(4) Successful completion of the National Counselor Examination as required by the board.

ENDORSEMENT APPLICANTS: Upon application and payment of the applicable fee, a license may be granted to any person who is currently licensed or certified as a counselor or marriage and family therapist in another state and who meets the qualifications established by board rule (See Rule 300).

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

E-mail - cou@ibol.state.id.us

Web site - www2.state.id.us/ibol/cou.htm

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(continued)

PHOTOGRAPH: All applicants must attach an original passport photograph taken within the twelve months immediately preceding this application.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES

AFFIDAVIT

I hereby certify that the responses provided on and attached to this application are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the adopted Code of Ethics, governing the practice of Counseling and Marriage & Family Therapy.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential, and that I may be required to submit additional information in order for my application to be considered by the Board.

I hereby waive access to any and all third party professional references, evaluations, or reports that may be submitted concerning my application or licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
residing at _____
my commission expires _____

ADDENDUM 1

APPLICANTS FOR CLINICAL PRACTICE LICENSE:

To meet eligibility for licensure to engage in Clinical Practice, applicants must document proficiency in diagnostic evaluation. The Board must receive certification of the applicant's successful completion of a graduate course or other equivalent training or experience. List below the course, training, or experience you have completed to meet this requirement. The Board must receive official certification of said course, training, or experience directly from the appropriate provider before your application will be processed.

Year	Course, Training, or Experience Title	Provider Name	Activity Description

APPLICATION FOR COUNSELOR LICENSE

ADDENDUM 2

List below the graduate courses you completed that correspond to the educational areas for a counseling program.(see Rule 150.01)

Counseling Practicum/Internship

Year	Course Name	Institution	Course #	Hours Earned

Counseling Techniques/Theories

Year	Course Name	Institution	Course #	Hours Earned

Human Growth & Development

Year	Course Name	Institution	Course #	Hours Earned

Social & Cultural Foundations

Year	Course Name	Institution	Course #	Hours Earned

The Helping Relationship

Year	Course Name	Institution	Course #	Hours Earned

Groups

Year	Course Name	Institution	Course #	Hours Earned

Life-style & Career Development

Year	Course Name	Institution	Course #	Hours Earned

Appraisal of the Individual

Year	Course Name	Institution	Course #	Hours Earned

Research & Evaluation

Year	Course Name	Institution	Course #	Hours Earned

Professional Orientation

Year	Course Name	Institution	Course #	Hours Earned

APPLICATION FOR MARRIAGE & FAMILY THERAPY LICENSE
ADDENDUM 3

List below the graduate courses you completed that correspond to the educational areas for marriage & family therapy.
(see §54-3405C, I.C.).

Marriage & Family Studies (a 9 semester credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Marriage & Family Therapy (a 9 semester credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Human Development (a 9 semester credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Psychological & Mental Health Competency (a 6 semester credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Professional Ethics & Identity (a 3 semester credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Research (a 3 semester credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Marriage & Family Clinical Practicum

Dates to/from	Course Name/Supervisor	Institution	Course #	Hours Earned

Marriage & Family Clinical Internship

Dates to/from	Course Name/Supervisor	Institution	Course #	Hours Earned